

ANALYSIS OF COMPLAINTS - GWMH - WORKSHOP HELD  
ON THE 27TH FEBRUARY 2001

**1. Present**

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**2. Purpose of Workshop**

To discuss the themes emerging in 5 complaints and agree a way forward making specific reference to

- a) issues perceived to be associated with the complaints
- b) steps taken to improve services subsequent to the complaints
- c) development of an action plan to tackle one or more of the emergent themes.

**3. General Discussion**

The initial paper produced by FC from 5 complaints received between 1998 and 2000 identified 3 themes - Communications with Relatives/Attitudes of Staff/Eating and drinking.

- Those present agreed that Communications with relatives was probably the most significant as it could be seen to impact on the other 2 themes in terms of relatives understanding of what was happening.
- It was recognised that a number of these complaints were quite old although still current and therefore many changes had taken place subsequent to the complaint which impacts on the current quality of patient care(see 4 ).
- It was highlighted that during a period at the end of 1998 and early 1999, the wards were working under some pressure, (see 5).
- There was general agreement that there was a need to deal with the perceptions held by the complainants whether we agreed with them or not.

#### **4. Things we have done since 1998**

- Increased continuity of medical cover with the introduction of a staff grade Doctor M-F.
- Organisation of nursing work has been reviewed on Sultan.
- Staffing levels have increased on Daedalus in recognition of change to intermediate care.
- Training provided related to intermediate care which has gone wider than Daedalus ward.
- There has also been some policy work in particular around management of pain undertaken on a trust wide basis.

#### **5. What are the issues for us/barriers to good communication with relatives?**

- Building a rapport with relatives is difficult in circumstances where patients die in the first days after transfer.
- Client group has changed dramatically in the last few years affecting the assessed nursing need and impacting on length of stay for continuing care patients.
- Increased bed occupancy.
- Increased number of patients suffering from dementia.
- The need to produce written referrals to physio and OT.
- Lack of preparation for nurses in terms of the changing needs of patients.
- Rising expectations of relatives
- Lack of control over information provided to patients and relatives prior to transfer to GWMH.
- Large number of GP's involved on Sultan Ward and the different levels of engagement from them.

#### **6. What Would Good Communication With Relatives look like?**

- The \*key contact would be identified immediately. (\*the relative chosen by the patient/NOK).
- A meeting would take place between nursing staff the patient and relative/carer within two days of admission.
- The discussions would focus on the near future and attempt to describe likely process/events.
- Subsequent meeting would be planned every 5-7 days.
- Information from the receiving ward would be available to patients and relatives prior to transfer.
- Nursing staff would understand how the family communicates with itself.
- A named member of the qualified nursing staff would lead the process.

## 7. Ideas for Achievement.

- Clarify the communication process for each ward.
- Ward/department leaflets explaining the communication process.
- Consider appointment system.
- Consider the use of 'surgeries.
- Ask relatives what would/could work for them.

## 8. Actions

Proposed Action	By Whom	When
Write up discussions	FC	16th March 2001
Workshops to be arranged for staff. Question - 'what would/does good communication with relatives look like?	JP/TS/AH/PB/JH	End May 01
Review Bleep holder problems/issues.	JP/TS	End March 2001
Ask Patients/relatives their views. Survey	PB/TS	End June 01
Establish working group	JP/TS/AH/PB/JH	End March 2001